## WISCONSIN HOME ENERGY ASSISTANCE PROGRAM (WHEAP) AFFIDAVIT OF LOST, DESTROYED OR STOLEN BENEFITS

SECTION 1 – Agency completes Section 1 before applicant completes Section 2.		
County:	Application Number:	Check Number:
Check Issued Date:	Check Amount:	Voucher Number:
Applicant name as it appears on the application:		
First:	Middle: Last:	
<b>SECTION 2</b> – Applicant completes Section 2 and signs the affidavit. Return the form to the local agency for processing.		
AFFIDAVIT		
My benefit check is missing because:		
$\square$ It was not received through the mail $\square$ It was stolen		
☐ It was received but		
□ Other (specify)		
I certify, under penalty of criminal law, that neither any member of my family (household) nor I have received, directly or indirectly, or spent the check described as missing. I agree that if I find it or subsequently receive the missing check, I will return it to the agency where I applied for Energy Assistance. This information is true and complete to the best of my knowledge. I understand that I may be subject to criminal penalties if any part of the above information is false.  Signature of WHEAP Applicant, Guardian, or Authorized Representative:  Date:		
Current Address:		Telephone:
,		
<b>Section 3</b> – Agency processes the affidavit after applicant completes and signs the form. Copy of affidavit is given to applicant.		
Signature of Agency Worker:		Date:
☐ Sent required email to the Division	requesting the stop payment. Emai	l sent:(mm/dd/yy)
Agency actions - recording the outcome on the section below is optional  Outcome of check tracer:		
□ Copy of cashed/cancelled check sent to applicant or □ Replacement check issued □ Client notified on(mm/dd/yy) □ Applicant photo ID verified □ Replacement check provided on(mm/dd/yy) □ Notes added to the HE+ system □ Retain the completed and signed check affidavit in the applicant's file		
Interaction the completed and signed check anidavit in the applicant sille		

